



Town of Stow  
Public Record Request Form

Completion of this form is optional, but assists with identifying records requested, providing methods for communication with questions and specifying options for receipt of records.

**Record Requests Must Be Submitted to:**

**Stow Records Access Officer**

**380 Great Road**

**Stow, MA 01775-2127**

**Phone: 978-897-5034**

**Fax: 978-897-4534**

[recordsaccessstow@stow-ma.gov](mailto:recordsaccessstow@stow-ma.gov)

Requesting records of \_\_\_\_\_ Date \_\_\_\_\_  
(Department or Committee)

Please describe record(s) requested (attach an additional page if necessary):

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Choose option below:

- I wish to receive record electronically by email
- I wish to receive record on disc or USB drive
- I wish to receive record in paper form (\$0.05 per page \_\_\_\_\_ estimated cost)
- I will pick up
- Please mail (Cost to mail \_\_\_\_\_)
- Please fax (Provide fax number) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_